		Department Divi	of Pul	blic Hea f Enviro	th ar	id s	Social Se Health			7
	51-55-1	Food Esta						Report Page _	of_	4
INSPECTION RSN TYPE	GRADE	INSPECTION DA	Fn7	2 ESTA	BLISHI	ME	T NAME	EGAUPANT		
Regular		~ / (4 /	ME OUT	C DEBY	IT HO			the of the		-
Follow-up	RATING		30		5 [			P		
Complaint Investigation	Δ	T NO.		TIQN (	_				$\neg$	
Other;		194	Cff	AI	AN SP	IN ANTONIO TAMUNING	CHAM	И		
ESTABLISHMENT TYPE AREA TELE					Risk F	acto		on Violations RIS	K CATE	GORY
RESTAMRA	TN	7 647	328	No. of	Repea	ıt Ri	sk Factor/In	tervention Violations	3	
FOO	DBORNE	ILLNESS RISK	FACT	ORS A	ND	PL	<b>JBLIC H</b>	<b>EALTH INTERVENTIONS</b>		
	Circle design	ated compliance (IN, OUT, N	O, N/A) fo	or each num	bered it	em.	Mark "X" in	appropriate box for COS and/or R.		
	T = Not in complia	nce N/O = Not observed N		R PTS			icted on-site d Ince Status		= Demerit	decrees the second
Compliance Status	Sun	ervision	Icos	K PIS	Com	hiis		tentially Hazardous Food (TCS Food)	1000	1110
Person in chame present, demonstrates			TT	6			OUT N/A N/O	Proper cooking time and temperatures		6
1 IN OUT knowledge, and performs duties								Proper reheating procedures for hot holding Proper cooling time and temperatures		6
Employee Health 2 IN OUT Management awareness; policy present				16	_	_		Proper cooling time and temperatures  Proper hot holding temperatures		6
3 IN OUT	and the same of th	orting, restriction & exclusion	++	6	_	_	OUT N/A	Proper cold holding temperatures		6
Good Hygienic Practices					21	IN	OUT N/A N/O	Proper date marking and disposition		6
4 IN OUT N/A N/O	A IN OUT NA NO Proper eating, tasting, drinking, beteinut, or							Consumer Advisory		
5 IN OUT N/A N/O	No discharge from	n eyes, nose, and mouth	+++	6						
		amination by Hands			22	IN -	OUT N/A	Consumer Advisory provided for raw or undercooked foods		6
6 IN OUT N/A N/O	Hands clean and			6		_			$\perp \perp$	
7 IN OUT N/A N/O		ntact with ready-to-eat foods o	데	6	1000			Highly Susceptible Populations  Pasteurized foods used; prohibited foods not		
_		te method properly followed ashing facilities supplied &	1	1	23	IN	OUT N/A	offered		6
8 IN OUT	accessible			6	0.55		avde as	Chemical	1	18 8
		ved Source	_		24	IN	OUT N/A	Food additives: approved and properly used		6
9 IN OUT NA NO		om approved source proper temperature	++	6	-	-		Toxic substances properly identified, stored,	$\vdash$	+
10 IN OUT NA NO		ndition, safe, and unadulterate	<del>a  -</del>	6	25	IN	OUT	used		6
12 IN OUT N/A N/O		available; shellstock tags,		6			Cor	nformance with Approved Procedures		
12 14 001 164 160	parasite destruct				26	IN	OUT N/A	Compliance with variance, specialized process, and HACCP plan		6
Protection from Contamination  13 IN OUT N/A Food separated and protected						_	1-1-44		a the mee	
14 IN OUT N/A Food contact surfaces: cleaned & sanitized				6	Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health					
15 IN OUT Proper disposition of returned, previously served, reconditioned, and unsafe food				6						
	[served, recondition	G(0	OD R	ETAIL	PR/	C	TICES			
	Good Retail Prac	tices are preventative measur	res to con	trol the intro	duction	of pa	athogens, che	micals, and physical objects into foods.		
	numbered item is	not in compliance and/or if CC	S and/or	R IPTS	=Соггес	ted o	on-site during ance Status		COS F	ts DIPTS
Compliance Status	Safe For	od and Water	lcos	R PIS	CON	ры	ance status	Proper Use of Utenells	1000	ACRE I
27 Pasteurized eggs used where required				1	40		In-use uter	nsils: properly stored		) / 1
28 Water and Ice from approved source				2	Utensils, equipment and linens: properly stored, dried,					1
29 Variance obtained for specialized processing methods				1	42	Н	handled Single-use	/single-service articles: properly stored, used	+	1
Food Temperature Control				- 11000	43	43 Gloves used properly				
30 Proper cool		1		100	1 T Y	Utensils, Equipment and Vending		1005-0		
temperature control  Plant food properly cooked for hot holding				-	44			nonfood-contact surfaces cleanable, properly constructed, and used		1
				+	45		Warewash	ing facilities: installed, maintained, used; test		1
32 Approved thawing methods used			+		46	strips				
Thermometer provided and accurate  Food Identification					40		Notitoou-C	Physical Facilities		11
34 Food properly labeled; original container					47			water available, adequate pressure		2
Prevention of Food Contamination					48			nstalled, proper backflow devices	+	2
35 Insects, rodents, and animals not present  Contamination prevented during food peparation, storage &				2	49	-		nd wastewater property disposed	++	2
36 display				1	50		Toilet facili	ities: properly constructed, supplied, & cleaned		2
37 Personal cleanliness				1	51	L		efuse properly disposed, facilities maintained	-	2
38 Wiping cloths: properly used and stored				1	52	-		cilities installed, maintained, and clean ventilation and lighting; designated areas use	+	1
39 Washing fruits and vegetables have read and understand the above violation(s)				1.1	53	_	Lyoednste.	Documents and Placards		
Lancaumana a			54	T	Sanitary P	ermit, Health Certificates valid and posted	II	2		
Person in Charge (Print	Car	20414	en			Data: 2/1/22		11		
Eallow up Date										Date
DED INSPECTOR (Print an	ru aigit) 7	HIMIZU E	TO	+ /	B		F	ollow-up (Circle one): YES NO	-р	_
Rev: 08.27.16		Whi	to: DPHSS	DEH Y	OW: ENG	d Est	tablishment			

Division of Environmental Health Food Establishment Inspection Report Page 2 of 2 LOCATION (Address) ESTABLISHMENT NAME 94 CHALAN SAN ANTONIO TAMUNING CHAM NITARY PERMIT NO. CORRECT **OBSERVATIONS AND CORRECTIVE ACTIONS** ITEM NO. BY DATE Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code. INSPECTION WAS CONPUCTED 13" PLACARD NO. 01543 WAS REMOVED, ISSUED AND POSTED "A" PLACARD NO. 03867. DISCUSSED REPORT WHAT POPSON -IN-CHARLE Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections. Person in Charge (Print and Sign) DEH Inspector (Print and Sign) White: DPHSS/DEH Yellow: Food Establishment Rev: 08.27.15

Department of Public Health and Social Services